



# THE HILL PREPARATORY SCHOOL

☎ 0775 000 400

☎ 08644 810 999

✉ [info@thehillpreparatoryschool.ac.zw](mailto:info@thehillpreparatoryschool.ac.zw)

🌐 [www.thehillpreparatoryschool.ac.zw](http://www.thehillpreparatoryschool.ac.zw)

## Student Application Form

Please note the \$50 non-refundable application fee

### STUDENT INFORMATION

NAME OF CHILD: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_

GRADE: \_\_\_\_\_ TERM AND YEAR TO BE ENROLLED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

BIRTH ENTRY NUMBER: \_\_\_\_\_

RELIGION: \_\_\_\_\_ DENOMINATION: \_\_\_\_\_

NUMBER IN FAMILY (Children): \_\_\_\_\_ POSITION IN FAMILY (ie. THIRD CHILD): \_\_\_\_\_

LAST GRADE COMPLETED: \_\_\_\_\_ SCHOOL LAST ATTENDED: \_\_\_\_\_

SIBLINGS ALREADY ENROLLED AT THE HILL PREPARATORY SCHOOL. IF YES, IN WHICH GRADE? :

\_\_\_\_\_

## **MEDICAL INFORMATION**

FAMILY DOCTOR: \_\_\_\_\_ CELL: \_\_\_\_\_

MEDICAL AID INFORMATION: \_\_\_\_\_

HEALTH PROBLEMS: \_\_\_\_\_

DOES THE CHILD HAVE ANY PHYSICAL DEFECTS OR ALLERGIES? YES/NO: \_\_\_\_\_

IF YES PLEASE EXPLAIN: \_\_\_\_\_

LEARNING DIFFICULTIES OR SPECIAL NEEDS: \_\_\_\_\_

HAS THE CHILD RECEIVED IMUNIZATIONS? PLEASE TICK

BIRTH: BCG \_\_\_\_\_

3 MONTHS: DPT1 \_\_\_\_\_ POLIO1 \_\_\_\_\_

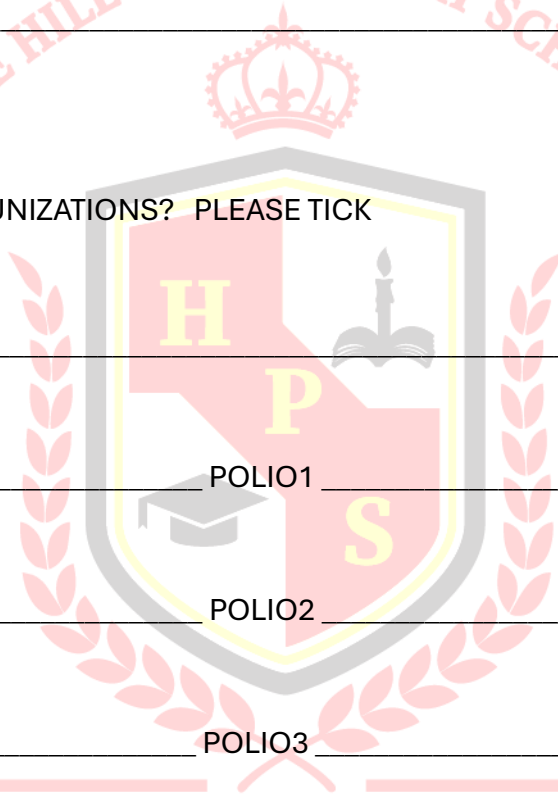
4 MONTHS: DPT2 \_\_\_\_\_ POLIO2 \_\_\_\_\_

5 MONTHS: DPT3 \_\_\_\_\_ POLIO3 \_\_\_\_\_

9 MONTHS: MEASLES \_\_\_\_\_

18 MONTHS: DPT \_\_\_\_\_ POLIO \_\_\_\_\_

THE HILL PREPARATORY SCHOOL



FRUI SOMNIUM DOCTRINA

## **FAMILY INFORMATION**

FATHER/GUARDIAN: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL/WHATSAPP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_

MOTHER/GUARDIAN: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL/WHATSAPP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_

ANY FAMILY HISTORY THAT MAY HELP US TO UNDERSTAND YOUR CHILD BETTER

(E.g. death of sibling or parent, divorce, separation, etc.)

---

---

**For Office Use Only**

Enrolment Fee \_\_\_\_\_ Receipt No. \_\_\_\_\_

Date \_\_\_\_\_



## **CONTRACT BETWEEN PARENT AND THE HILL PREPARATORY SCHOOL**

I, \_\_\_\_\_, being the Father/Mother/Guardian

of \_\_\_\_\_

hereby pledge that my financial obligations to the School will be met by the agreed date and agree to any increases of fees that the School deems necessary.

I give permission for my child to participate in school activities and sports.

I absolve the School from all liability in respect of injuries to my child during attendance at school and any school sports.

I agree to all the School regulations and authorize the School to use disciplinary measures that it deems wise and expedient for the correction of my child.

The School reserves the right to suspend or expel any child who fails to comply with the School rules and regulations.

One term's notice is required from me in advance and in writing for the removal of my child from The Hill Preparatory School (or a full term's payment of the fees in lieu of notice).

FATHER \_\_\_\_\_ (full name)

SIGNED \_\_\_\_\_ (father)

MOTHER \_\_\_\_\_ (full name)

SIGNED \_\_\_\_\_ (mother)

GUARDIAN \_\_\_\_\_ (full name)

SIGNED \_\_\_\_\_ (guardian)

Person responsible for fees:

NAME: \_\_\_\_\_

CELL/WHATSAPP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

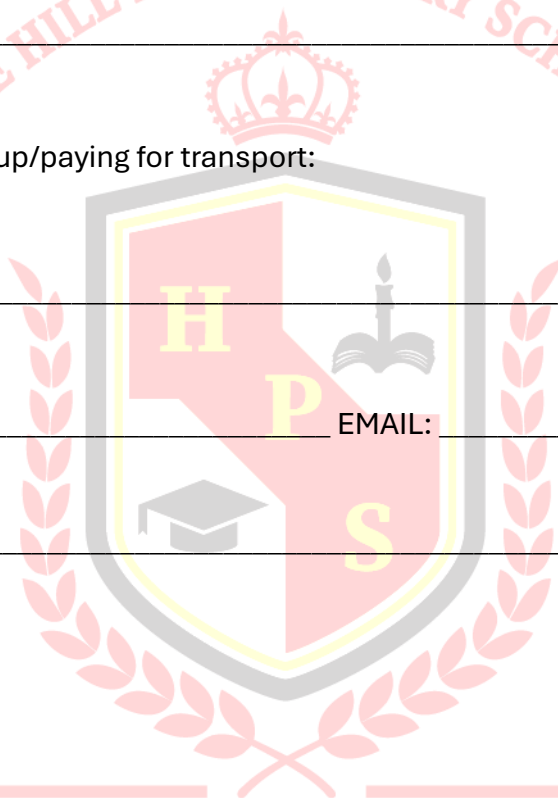
Person responsible for picking up/paying for transport:

NAME: \_\_\_\_\_

CELL/WHATSAPP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

THE HILL PREPARATORY SCHOOL



ERUI SOMNIUM DOCTRINA

The following documents are required:

1. Copy of Birth Certificate
2. Last school report
3. Diagnostic reports (If applicable)
4. Proof of payment
5. Passport size photo